

Electrical Permit Application

PLEASE PRINT CLEARLY AND COMPLETE IN ITS ENTIRETY										
1.	PROJECT AI	DDRESS (NOT MAILING ADDRESS)		SUITE/U	INIT NO.		DATE	/ /		
									=	
3. APPLICANT MAILING ADDRESS AGENT FOR DESIGNER CONTRACT CONTRACT									VER CONTRACTOR	
4. CITY-STATE ZIP						PHONE	PHONE			
5. CONTRACTOR LAST NAME-FIRST NAME							STATE LICENSE NO. & TYPE			
6. CONTRACTOR MAILING ADDRESS						E-MAIL ADDRE	E-MAIL ADDRESS			
7. CITY-STATE ZIP						PHONE	PHONE		FAX	
8. CONTACT PERSON LAST NAME-FIRST NAME										
9.	CONTACT P	ERSON MAILING ADDRESS	E-MAIL ADDRESS							
10.	0. CITY-STATE ZIP			PHONE		PHONE		FAX	FAX	
11. DESCRIPTION OF WORK										
12.	QUANTITY	ITEM TYPE		QUANTITY	ITEM	TYPE	QUANTITY		ITEM TYPE	
		=< 600 V SERVICE =< 200 AMP			=< 600 V SERVICE 201-400 AMPS			=< 600 V SERVICE 401-1000 AMP		
		SERVICE > 600 V			=< 600 V SERVICE >1000 AMPS ADDITIONAL METERS PANELS			1st SB OR MC	C =< 600 V	
		1st SB OR MCC > 600 V						ADDITIONAL	SB OR MCC =< 600V	
		ADDITIONAL SB OR MCC > 600V			(subpanels and/or control panels)			LIGHTING STA	ANDARDS	
		ELECTRICAL "OPENINGS" AND/OR "OUTLETS (switches, receptacles, fixture outlets (1 per fixture outlets)			TEMPORARY POWER POLE (does not include service)			FIXTURES (include lighting	ig standard fixtures)	
ľ		MULTI-OUTLET FIXTURE/RECEPTACLE ASSEM		SPECIAL CIRCU		51-100 AMPS		SPECIAL CIR	CUIT 15-30 AMPS	
ł		(each 5 ft. or portion thereof) SPECIAL CIRCUITS 31-50 AMPS			(dedicated to a sing	gle load)		(dedicated to a	a single load) CUIT > 100 AMPS	
		(dedicated to a single load)						(dedicated to a	single load)	
		FEET OF BUSSWAY =< 99 AMPS			FEET OF BUSSWAY 100-400 AMPS			FEET OF BUSSWAY > 400 AMPS		
ŀ	MOTORS, GENERATORS, TRANSFORMERS AND OTHER APPARATUS									
		< 1 HP, KW, KVA 1-10 HP, KW, KVA				11-50 HP, KW, KVA				
ļ		51-100 HP, KW, KVA			> 100 HP, KW, KVA	4				
ŀ		1st SIGN AND 1st SIGN CIRCUIT		ADDITIONAL SIGN				ADDITIONAL SIGNS		
l		TEMPORARY OUTLETS =< 50	50		TEMPORARY OUT		LETS > 50		NEW RESIDENTIAL SQ. FOOTAGE	
13.	OCCUPAN	OCCUPANCY GROUP NO. OF STORIES TYPE OF CONSTRUCTION CEC EDITION USED							N USED	
		OTAL SQUARE FEET OF THIS PROJECT: COMM RES GAR MISC								
	S. VALUATION OF WORK \$ NO. OF DWELLING UNITS: PRESENT USE: PROPOSED USE: S. FIRE SPRINKLERS FIRE ALARM SYSTEMS FIRE STANDPIPES									
	I HERERY						RE STANDPIP			
	17. I HEREBY CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. SIGNATURE: DATE:									
FOR DEPARTMENT USE ONLY										
NO	NOTIFY THE CASHIER WITH ONE OF THE FOLLOWING:									
	☐ Contractor with Workers' Compensation ☐ Contractor without Workers' Compensation ☐ Developer with Workers' Compensation ☐ Developer without Workers' Compensation									
Owner with Workers' Compensation Owner with Workers' Compensation Owner without Workers' Compensation										
Workers' Compensation Company Name Expiration Date Policy No.										
					/ /					
		formation is available in altern					•			
(562) 570-6651 or (562) 570-6793 TDD. Visit our website at www.longbeach.gov/plan										